

16055632636

## South Dakota Board of Nursing

South Dakota Department of Health 722 Main Street, Suite 3; Spearfish, SD 57783 (605) 642-1388; Fax: (605)642-1389; www.state.sd.us/dol1/nursing

#### Nurse Aide Application for Re-Approval of Training Program

All Nurse Alde (NA) Training Programs in South Dakota must be approved by the South Dakota Board of Nursing pursuant to ARSD 44:04:18:15. Approval status is granted for a two-year period. Written approval or denial of approval will be issued within 90 days after receipt of the application. Send completed application and supporting documentation to:

South Dakota Board of Nursing 722 Main Street, Suite 3 Spearfish, SD 57783

Name of Institution: Crenterville Good Samarity of Society				
Address: 500 Vermillion St				
Centerville, SD 57014				
Phone Number: <u>Te05-563-2251</u> Fax Number: <u>605-563-2636</u>				
E-mail Address of Faculty: PKnutson@good-Sam. Com				
Select option(s) for Re-Approval:				
Request re-approval without changes to program coordinator, primary Instructor, supplemental personnel or curriculum				
List personnel and licensure information     Complete evaluation of the curriculum				
Request re-approval with faculty changes and/or curriculum changes				
1. List personnel and licensure information attach curriculum with a				
Submit documentation to support requested curriculum changes				
1. List Personnel and Licensure Information.				

### censure Information:

Program Coordinator must be a registered nurse with 2 years nursing experience, at least one of which is in the provision of long-term care services. The Director of Nursing (DON) may serve simultaneously as the program coordinator but may not perform training while serving as DON. (ARSD 44:04:18:10)

	The second secon	The state of the s		
Name of Program Coordinator	1 1: V		RN LICENSE	A COLUMN HOLDER OF THE STATE OF
S an ood anath	State	Number	Expiration	Verification 5
JOANN HONSON	50	K027849	Date	(Completed by SDBON) /
If requesting new Program Coordinator, a	ttach curr	iculum vita, resume	or work history	L SARDAN
			OF WORK HISLOTY	

Primary Instructor must be a licensed nurse (RN or LPN) with 2 years nursing experience, at least one of which is in the provision of long-term care services. The primary instructor is the actual teacher of course material. (ARSD 44:04:18:11)

Name of Primary Instructor	il sex	Until No. 12 12 1 RN	OR LPN LICENSE
The state of the s	State	Number	Expiration Verification
JOANN Hansen	30	1 KU2 7 X 44 1	Date (Completed by SDBON)
If requesting new Primary Instructor attack	ch cumuland	the state of the s	

nstructor, attach curriculum vita, resume, or work history, and attach decumentation supporting previous experience in teaching adults within the past five years or documentation of completing a course in the instruction of adults.

Supplemental Personnel may assist with instruction, they must have one year of experience in their respective field of practice, i.e. additional licensed nurses, social worker, physical therapist. (ARSD 44:04:18:12) If requesting new Supplemental Personnel, attach curriculum vita, resume, or work history.



# South Dakota Board of Nursing

South Dakota Department of Health 722 Main Street, Suite 3; Spearfish, SD 57783 (605) 642-1388; Fax: (605)642-1389; www.state.sd.us/doh/nursing

	Wide W	A A GENSU	H∃/H±GH5HNA+(6	N STATE OF TAXAL
Supplemental Personnel & Credentials	State	Number	Expiration Date	Verification (Completed by SDBON)

2. Complete Evaluation of the Curriculum: Indicate compliance relative to each standard during the previous two years. Explain any "no" responses on a separate sheet of paper. (Pursuant to ARSD 44:04:18 07, the Department of Health may conduct an unannounced on-site visit to determine compliance with requirements.)

Program was no less than 75 hours.	Yes	No
Provided minimum 16 hours of	1	***************************************
Provided minimum 16 hours of instruction prior to students having direct patient contact.	11	
<ul> <li>Provided minimum 16 hours of supervised practical instruction; instructor ratio did not exceed 8 students for one instructor.</li> </ul>		
Provided Instruction on each content area (see ARSD 44:04:18:15):		
Basic nursing skills		
Personal care skills		
Mental health and social services	است	
Care of cognitively impaired clients	-	
Basic restorative nursing services	L-	
Residents' rights	L-	
Students did not perform any nations consistent consist	اسا	
Students did not perform any patient services until after the primary instructor found the student to be competent	مسا	-
Students only provided patient services under the supervision of a licensed nurse		
Your agency maintains a 75% page rate of other time supervision of a licensed nurse	Luna	
Your agency maintains a 75% pass rate of students on the competency evaluation (written and skills exam taken through the SD Healthcare Association).		

3. <u>D</u>	ocumentation to Support Curriculum/Curriculums Used;
Name of	Course/Courses and edition of text used: We Cake (Nebraka) Second Editor
Submit do	of teaching methods may be utilized in achieving the classroom instruction such as independent study, video not and online instruction.  It reference list of teaching materials utilized (include name of book or resource, publisher, publication date, etc.). Incumentation that supports requirements listed in ARSD 44:04:18:15, including:  Incumentation that supports requirements listed in ARSD 44:04:18:15, including:  Incumentation that supports requirements listed in ARSD 44:04:18:15, including:  Incumentation that supports requirements listed in ARSD 44:04:18:15, including:  Incumentation that supports requirements for the minimum.  Including:  Instruction and agenda documenting the requirements for the minimum.  Including:  Instruction and interpersonal skills, infection control, safety/emergency procedures, promoting residents' independence, respecting residents' rights.  Instruction in each of the following content areas (see ARSD 44:04:18:15 for more detail):  Basic nursing skills (including documentation) including: vital signs; height and weight; client environment needs; recognizing abnormal changes in body functioning and the importance of reporting such changes to a supervisor; and caring for dying clients;



South Dakota Board of Nursing
South Dakota Department of Health
722 Main Street, Suite 3; Spearfish, SD 57783
(605) 642-1388; Fax: (605)642-1389; www.state.sd.us/doh/nursing

0	eating and hydration; feeding techniques; skin care; and transfer and hydration; feeding techniques; skin care; and transfer and transf					
	eating and hydration; feeding techniques; skin care; and transfers, positioning, and turning;  Mental health and social services including: recently and transfers, positioning, and turning;					
_	Mental health and social services, including: responding appropriately to behaviors; awareness of developmental tasks associated with aging proposes.					
	dignity, and recognizing sources of employed expectang personal choices and preserving client					
	Care of cognitively impaired clients, including: communication and techniques for addressing unique needs and behaviors;					
	needs and behaviors;					
	Basic restorative nursing services, including: self-care; use of assistive devices in transferring; ambulation, eating, and dressing; range of motion; turning and positioning is bed.					
	eating, and dressing; range of motion; turning and positioning in bed and chair; bowel and bladder care and use of prosthetic and orthotic devices;					
	Residents' rights. Including: privacy and confidentialized devices;					
	disputes; participating in groups and activities; security of personal possessions; promoting an environment free from abuse mistrastment, and activities; security of personal possessions; promoting an					
	environment free from abuse, mistreatment, and neglect and requirement to report; avoiding restraints.					
	a service to report, avoiding restraints.					
Process Co.						
Program Coordinator Signature: Joann Hammen Date: 4-18-13						
This section to	be completed by the South Dakota Board of Nursing					
	(1)					
Date Application  Date Approved	Date Application Denied:					
Expiration Date	1 -1141114					
Board Represer	ntative: XIDA VIV					
Date Notice Se	nt to Institution:					
US.201-201-100-100-100-100-100-100-100-100-	1/34/13					